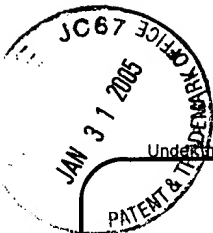


02-01-05

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Approved for use through 04/30/2003. OMB 0651-0031
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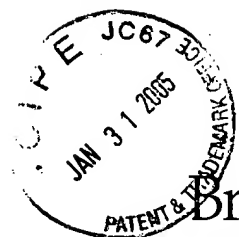
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/931,978	
	Filing Date	8-17-2001	
	First Named Inventor	Roberts, Samuel K	
	Art Unit	1772	
	Examiner Name	Chevalier, Alicia A.	
Total Number of Pages in This Submission	12	Attorney Docket Number	CORSTONE1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	T. Gregory Peterson	
Signature		
Date	January 31, 2005	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____			
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gpeterson@bradleyarant.com

January 31, 2005

EXPRESS MAIL NO: EV387960205US

Mail Stop Amendment

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

EV387960205US

RE: Application No.: 09/931,978
Applicant: Petit-Roberts, Coral A
Filed: 8-17-2001
Examiner: Checalier, Alicia Ann
Art Unit: 1772

Dear Sir:

Please find enclosed herewith the following:

1. Response to Office Action;
2. Fee Transmittal;
3. Request for Extension of Time; and
4. A Transmittal Form.

If you need any additional information, please do not hesitate to contact me.

Sincerely,

T. Gregory Peterson, Ph.D., J.D.

TGP/tgp
Enclosures

Cc: Howard Wiseman (with enclosures)
John Smith T (with enclosures)

CERTIFICATE OF EXPRESS MAILING

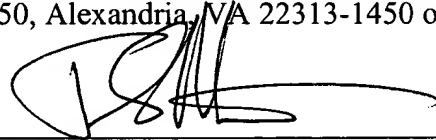
I hereby certify that the following items are enclosed:

- | | | | |
|----|------------------------------------|----------|-------|
| 1. | Cover Letter (including this page) | <u>2</u> | pages |
| 2. | Response to Office Action | <u>7</u> | page |
| 3. | Fee Transmittal | <u>1</u> | page |
| 4. | Request for Extension of Time | <u>1</u> | page |
| 5. | Transmittal Form | <u>1</u> | page |

Total 5 Documents **12 pages**

And are being deposited with the "Express Mail Post Office to Addressee service of the United States Postal Service in an envelope marked **EV387960205US** addressed to Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on **January 31, 2005**.

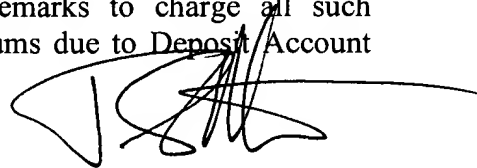
Date: 1-31-05



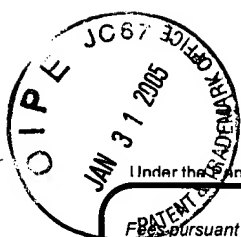
T. Gregory Peterson
Registration No. 45,587

AUTHORIZATION TO CHARGE
DEPOSIT ACCOUNT

The Commissioner is authorized to pay any charges, fees, or sums due in connection with this correspondence, I hereby authorize the Commissioner of Patents and Trademarks to charge all such remaining fees, charges, and other sums due to Deposit Account Number 50-0954.



T. Gregory Peterson
Authorized User of Deposit Account 50-0954



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Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 510.00**Complete if Known**

Application Number	09/931,978
Filing Date	8-17-2001
First Named Inventor	Roberts, Samuel K.
Examiner Name	Chevalier, Alica Ann
Art Unit	1772
Attorney Docket No.	CORSTONE1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-0954 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): extension of time 3 months

Fees Paid (\$)

510.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45,587	Telephone 205-521-8084
Name (Print/Type)	T. Gregory Peterson		Date 1-31-05

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